

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036244

STATE FILE NUMBER

4982

FILED NOV 14 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

S. 300
1-57

All diseases in Part I must be causally related.

Kenneth A. Davis USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		d. STREET ADDRESS (If outside, give location) 5321 GARFIELD AVE.	
3. NAME OF DECEASED (Type or print) First Middle Last RALPH A ALLEN		4. DATE OF DEATH Month Day Year OCTOBER 21 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 27 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER		10b. KIND OF BUSINESS OR INDUSTRY R. ALLEN PRINTING CO.	11. BIRTHPLACE (City and state or country) ALBA MISSOURI
13a. FATHER'S NAME C. H. ALLEN		13b. MOTHER'S MAIDEN NAME Josephine Jessup	14. NAME OF HUSBAND OR WIFE MRS. LOUISE ALLEN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 188-36-3543	17. INFORMANT Address MRS. LOUISE ALLEN 5321 GARFIELD AVENUE KANSAS CITY MISSOURI
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 9 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at Oct-13, 1958, 9:50 A.		and last saw him alive on Oct. 21 1958 Oct. 20 1958	
21a. SIGNATURE Kenneth A. Davis M.D.		21b. ADDRESS 201 Plaza Theater Bldg. Kansas City, Mo.	
21c. DATE SIGNED 10-21-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 24, 1958	23c. NAME OF CEMETERY OR CREMATORIUM Floral Hills Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 10-23-58	
ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.		26. REGISTRAR'S SIGNATURE Irene Minshall	



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Harold E. O'Brien*

Licensed Embalmer No. *3035*

P. O. Address *J. B. St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.